Parent/Guardian:

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF SPECIAL EDUCATION/EARLY INTERVENTION SERVICES (Form approved by MSDE for use July 1, 2009)

Guidance Counselor:

Draft Approved	Student	Information
O Draft Approved O9) Amended	Student	Information

Others in attendance:

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IEP Team Meeting Date: / Name: Agency: STUDENT AND SCHOOL INFORMATION First Name: _____ MI: ____ Last Name: _____ PARENT/GUARDIAN 1 Address: _____ First Name: _____ MI: ____ Last Name: _____ City: ______ State: ____ Zip Code: Home Phone: () - Cell: () -Grade: Email: Unique Student Identification Number (State): Parent native language, if not English: Student Identification Number (local): _ Interpreter needed? O YES O NO Date of Birth: • • (MM•DD•YYYY) PARENT/GUARDIAN 2 Age: Gender: O MALE O FEMALE First Name: _____ MI: ___ Last Name: _____ EXISTING RACE CODES **NEW RACE CODES** Home Phone: () - Cell: () -American Indian or Alaskan Native

Hispanic or Latino □ American Indian or Alaskan Native □ Native Hawaiian or other Asian or Pacific Islander □ White (not Hispanic) Pacific Islander Parent native language, if not English: □ Asian Black or African American (not Hispanic) □ Black or African American □ White Interpreter needed? O YES O NO Ethnicity: Hispanic or Latino

Yes

No Case Manager: _____ IEP Team Meeting Date(s): Student identified as Limited English Proficient: O YES O NO Student's native language: IEP Annual Review Date: Residence County: O Parent was provided a copy of the *Procedural Safeguards Parental Rights* document. Residence School: Projected Annual Review Date:_____ Service County: Most Recent Evaluation Date: Service School: Projected Evaluation Date: Which jurisdiction is financially responsible? Is the student currently under the care and custody of a state agency? O YES O NO Primary Disability: _____ If yes, name of state agency: _____ Areas affected by disability: Does the student require a parent surrogate? ○ YES ○ NO Parent Surrogate Name: ______Surrogate Phone: _____ EXIT INFORMATION Exit date: (MM•DD•YYYY) ○ A - Returned to general education ○ B - Graduated with a Maryland High School Diploma C - Received Maryland High School Certificate of Program Completion O D - Reached 21 years of age O E - Deceased O F - Moved, known to be continuing O H - Dropped Out O I - Special Case O J - Parent revokes consent for services IEP TEAM PARTICIPANTS Principal/Designee: _____ Agency Representative: ____ IEP Case Manager: _____ School Psychologist: IEP Chair: General Educator: _____ Social Worker: Others in attendance: Parent/Guardian: Special Educator:_____ Speech/Language Pathologist:_____ Others in attendance:

Student:

I. MEETING AND IDENTIFYING INFORMATION

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MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF SPECIAL EDUCATION/EARLY INTERVENTION SERVICES (Form approved by MSDE for use July 1, 2009)

IEP Team Meeting Date: Name: Agency: INITIAL EVALUATION ELIGIBILITY DATA (Only required for student's initial evaluation to determine eligibility) Identify area(s) impacted by the student's suspected disability: Is this student transitioning from Infants and Toddlers (Part C) to Preschool (Part B) and will be receiving services? \(\cap \text{YES} \cap \text{NO}\) Discussion to support decision: Is a determinant factor for the student's lack of academic progress the result of: Reason(s) for delay: Transition C to B a) a lack of appropriate instruction in reading, including essential components of reading O Parent repeatedly failed or refused to make the child available instruction? O YES O NO O Parent refusal to provide consent caused delay in evaluation or initial services b) lack of instruction in math? O YES O NO OParent requested delay - Parent and IEP team extend the timeframe by mutual written agreement c) limited English proficiency? O YES O NO Other: (If yes to any of the above, the student must otherwise meet the eligibility criteria as a student ○ Inclement weather ○ Staffing issues with an identified disability.) Opaperwork error Other, please specify: ______ Does the student require specially designed instruction in order to make adequate progress Inconclusive testing results in school? YES NO Reason(s) for delay: School Age (3-21) Eligible as a student with a disability?

Yes

No Document basis for decision(s): O Parent repeatedly failed or refused to make the child available Student is enrolled after 60-day timeframe began and prior to determination by LSS. Receiving LSS Indicate primary disability made sufficient progress to complete the evaluation and parent and LSS agreed to a specific time to ○ AUTISM O HEARING IMPAIRMENT O SPEECH OR LANGUAGE IMPAIRMENT complete the evaluation (All conditions must be met) O DEAF O INTELLECTUAL DISABILITY TRAUMATIC BRAIN INJURY O Parent requested delay - Parent and IEP team extend the timeframe by mutual written agreement O DEAF - BLINDNESS ORTHOPEDIC IMPAIRMENT O VISUAL IMPAIRMENT Other: O DEVELOPMENTAL DELAY OTHER HEALTH IMPAIRMENT MULTIPLE DISABILITIES ○ Inclement weather O Child not available (not parent failure)/child refusal ○ EMOTIONAL DISTURBANCE ○ SPECIFIC LEARNING DISABILITY ○ Cognitive (specify) ○ Paperwork error ○ Staffing issues ○ Sensory (specify _____ ○ Inconclusive testing results ○ Other, please specify: _____ O Physical (specify) Date of parent consent for initial evaluation: (MM • DD • YYYYY) If the parent fails to respond or refuses consent to the initial provision of special education and related Date of initial evaluation: (MM • DD • YYYYY) services, the public agency shall not provide special education and related services to the student Date of initial IEP development: (MM • DD • YYYYY) and will not be considered in violation of the requirement to make FAPE available in accordance Date of parent consent for initiation of services: (MM • DD • YYYYY) with 34 CFR §300. Date initial IEP is in effect: (MM • DD • YYYYY) CONTINUED ELIGIBILITY DATA (Required for reevaluation at least once every three years) _____ Discussion to support decision: _____ Specify the area(s) identified for reevaluation: ____ Evaluation Date: (MM•DD•YYYY) (This is the most recent date on which the IEP team completed a full and comprehensive review of all assessment materials.) Does the student continue to have a disability and such educational needs that require the continued provision of special education and related services? O YES O NO Are any additions or modifications to special education and related services needed to enable the student to meet the measurable annual goals set out in the student's IEP and to participate, as appropriate, in the general education curriculum?

YES

NO Eligible as a student with a disability? O Yes O No Document basis for decision(s): Indicate primary disability AUTISM O DEVELOPMENTAL DELAY O INTELLECTUAL DISABILITY O SPECIFIC LEARNING DISABILITY ○ VISUAL IMPAIRMENT O DEAF ○ EMOTIONAL DISTURBANCE ○ ORTHOPEDIC IMPAIRMENT O SPEECH OR LANGUAGE IMPAIRMENT MULTIPLE DISABILITIES O DEAF - BLINDNESS O HEARING IMPAIRMENT OTHER HEALTH IMPAIRMENT ○ TRAUMATIC BRAIN INJURY ○ Cognitive (specify) O Sensory (specify) O Physical (specify)

YES (If yes, specify date recommended)

 \bigcirc NO

I. MEETING AND IDENTIFYING INFORMATION

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MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF SPECIAL EDUCATION/EARLY INTERVENTION SERVICES (Form approved by MSDE for use July 1, 2009)

IEP Team Meeting Date: Name: Agency: STUDENT PARTICIPATION ON DISTRICT/STATEWIDE ASSESSMENTS AND GRADUATION INFORMATION PLAN FOR PARTICIPATION IN ASSESSMENTS TO BE ADMINISTERED DURING THE TERM OF PERFORMANCE SUMMARY THE CURRENT IEP What was the student's performance on the Maryland Model for School Readiness (MMSR) Kindergarten State graduation requirements can be found at www.marylandpublicschools.org. Assessment? Also record any additional local school system graduation requirements: • • (MM•DD•YYYY) ○ FULL ○ APPROACHING ○ DEVELOPING Graduation requirements explained to parents?

YES

NO Is the student limited English proficient? O YES O NO Student is pursuing a: What was the student's performance on the Language Assessment Scale (LAS) Links? Maryland High School Certificate of Program Completion Maryland High School Diploma Assessment Date (MM•DD•YYYY) Score The student is officially identified as a ninth grade student effective in the ○ FULLY PROFICIENT ○ LIMITED PROFICIENCY ○ NOT PROFICIENT academic school year (YYYY) - (YYYY). What was the student's performance on MSA as of | | • | | • | (MM•DD•YYYY)? The student was originally identified as participating in a ○ 4 year ○ 5 year ○ 6 year plan. Scale Score (Check Mod, if appropriate.) MSA Assessments The student is currently participating in a \bigcirc 4 year \bigcirc 5 year \bigcirc 6 year plan. Reading □ Mod ○ BASIC O PROFICIENT △ ADVANCED Math □Mod ○ BASIC ○ PROFICIENT ○ ADVANCED Will the student participate in the Maryland School Assessment aligned with grade level academic achievement standards in assessed grade? (MSA-Grades 3-8) Science □ Mod ○ BASIC ○ PROFICIENT ○ ADVANCED Reading O YES O NO Math ○ YES ○ NO Science O YES O NO What was the student's performance, if applicable, on HSA as of Will the student participate in the Modified Maryland School Assessment aligned with (MM•DD•YYYY)? modified academic achievement standards in assessed grade? (Mod-MSA-Grades 3-8) Reading O YES O NO Math ○ YES ○ NO Science YES NO Student's Student's Student's Bridge Plan Mod-HSA+ **HSA** Assessments Passing 1st 2nd Highest Meets Will the student participate in the Maryland High School Assessment aligned with Core Learning Goals Participant Participant (Check Mod. if appropriate.) Score Standard Score Score Score in assessed course? (HSA) 412 Algebra/ Data Analysis □ Mod $\bigcirc Y \bigcirc N$ OY ON $\bigcirc Y \bigcirc N$ Algebra/Data Analysis 🔾 YES 🔘 NO English O YES O NO Biology ○ YES ○ NO Government () YES () NO Biology 400 ☐ Mod OYONOYON OYON English □ Mod 396 OYON \bigcirc Y \bigcirc N \bigcirc Y \bigcirc N Will the student participate in the Maryland High School Assessment aligned with Core Learning Goals/modified achievement standards in assessed course? (Mod-HSA) 394 Government □ Mod OY ON |OY ON|OYON Algebra/Data Analysis (YES (NO English ○ YES ○ NO 1602 **Combined Score** OYONOYONOYONBiology ○ YES ○ NO Government () YES () NO What was the student's performance, if applicable, on Alt-MSA as of Will the student participate in Alternate Maryland School Assessment aligned with (MM•DD•YYYY)? alternate academic/course achievement standards in reading, math and science in assessed grade? (Alt-MSA) O YES O NO Alt-MSA % of Mastery Assessments Objectives Document basis for decision(s): Reading ○ BASIC ○ PROFICIENT ○ ADVANCED Math ○ BASIC O PROFICIENT ○ ADVANCED Complete for high school seniors that may be eligible for an HSA waiver Science IEP team has discussed the criteria of the waiver decision-making process for the student and ○ BASIC ○ PROFICIENT ○ ADVANCED supports an HSA waiver recommendation to the local superintendent.

INDIVIDUALIZED EDUCATION PROGRAM (IEP) II. PRESENT LEVEL OF ACADEMIC ACHIEVEMENT A MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF SPECIAL EDUCATION/EARLY INTERVENTION SERVICES (Form approved by MSDE for use July 1, 2009) II. PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Name:	Agency:	IEP Team Meeting Date: / /
ACADEMIC	Document student's academic	c achievement and functional performance levels in academic areas, as appropriate.
Source(s):		Summary of Assessment Findings (including dates of administration):
Instructional Grade Level Performance:		
(Consider private, state, local school system, and classi	room based assessments, as applicable.)	
		Does this area impact the student's academic achievement and/or functional performance? \bigcirc YES \bigcirc NO
HEALTH	<u> </u>	
Source(s):		Summary of Assessment Findings (including dates of administration):
Level of Performance:		
(Consider private, state, local school system, and classi	room based assessments, as applicable.)	
		Does this area impact the student's academic achievement and/or functional performance? \bigcirc YES \bigcirc NO
PHYSICAL		
Source(s):		Summary of Assessment Findings (including dates of administration):
Level of Performance:		
(Consider private, state, local school system, and classi	room based assessments, as applicable.)	
		Does this area impact the student's academic achievement and/or functional performance? \bigcirc YES \bigcirc NO
BEHAVIORAL		
Source(s):		Summary of Assessment Findings (including dates of administration):
Level of Performance:		
(Consider private, state, local school system, and classi	room based assessments, as applicable.)	
		Does this area impact the student's academic achievement and/or functional performance? \bigcirc YES \bigcirc NO
		Page

INDIVIDUALIZED EDUCATION PROGRAM (IEP) II. PRESENT LEVEL OF ACADEMIC ACHIEVEMENT A MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF SPECIAL EDUCATION/EARLY INTERVENTION SERVICES (Form approved by MSDE for use July 1, 2009) II. PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Name:	Agency:	IEP Team Meeting Date: / /
PRESENT LEVEL OF AC	ADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE	
What is the parental input reg	arding the student's educational program?	
What are the student's strength	ns, interest areas, significant personal attributes, and personal accomplishments? ((Include preferences and interests for post-school outcomes, if appropriate.)
How does the student's disabil	lity affect his/her involvement in the general education curriculum?	
For preschool age children, ho	ow does the disability affect participation in appropriate activities?	

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III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS

Name:	Agency:	IEP Team Meeting Date: / /		
COMMUNICATION (required)				
Does the student have special communication needs? O	res () no			
(If yes, describe the specific needs.)				
ASSISTIVE TECHNOLOGY (AT) (required)				
Consider AT device(s) and service(s) that are needed to inc	crease, maintain or improve functional capabilities of a st	udent with a disability.		
The student needs an AT $device(s)$ \bigcirc YES \bigcirc NO		AT service(s) ○ YES ○ NO		
If yes, AT <i>device(s)</i> will be addressed through: Supplementary Aids, Services, Program Modifications, a		rill be addressed through: s, Services, Program Modifications, and Supports		
Instructional and Testing Accommodations	 Related Services 			
Document basis for decision(s):		esting Accommodations		
SERVICE FOR STUDENTS WHO ARE BLIND OR	VISUALLY IMPAIRED			
In the case of a student who is blind or visually impaired, reading and writing media that instruction in Braille is not Instruction in Braille considered? YES NO		less the IEP Team determines, after an evaluation of the student's		
Evaluation date:				
Is instruction in Braille appropriate? YES NO				
Were parents provided information regarding Maryland Scho	ool for the Blind? \bigcirc YES \bigcirc NO			
Document basis for decision(s):				
SERVICE FOR STUDENTS WHO ARE DEAF OR	HEARING IMPAIRED			
In the case of a student who is deaf or hearing impaired, needs, including direct instruction in the student's langu		ies for direct communications, academic level, and full range of		
Were parents provided information regarding Maryland S	chool for the Deaf? O YES O NO			
Document basis for decision(s):				
		Page 6		

Name:

III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS

IEP Team Meeting Date:

Agency:

BEHAVIORAL INTERVENTION
In the case of a student whose behavior impedes the student's learning or that of others, consider the use of positive behavioral interventions and supports, and other strategies to address that behavior.
○ Functional Behavioral Assessment (FBA) Assessment date: • • • • • • • • • • • • • • • • • • •
Does the student require a Behavioral Intervention Plan (BIP)? YES NO
○ Behavioral Intervention Plan Implementation date: □ • □ • □ □ • □ □ • □ □ □
Document basis for decision(s):
SERVICE FOR STUDENTS WITH LIMITED ENGLISH PROFICIENCY
In the case of a student with limited English proficiency, consider the language needs of the student as such needs relate to the student's IEP.
Document basis for decision(s):
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INICTOLICTIONIAL AND TECTING ACCOMMODATIONS

III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS

IEP Team Meeting Date: Name: Agency:

INSTRUCTIONAL AND TESTING ACCOMMODATIONS	
1. PRESENTATION ACCOMMODATIONS: ('1' covers all instruction/intervention including Bridge Plan)	
Visual Presentation Accommodations	Conditions for Use In Instruction and Assessment
1-A: Large Print (Prior Code: III-A)	I, A
1-B: Magnification Devices (Prior Code: N/A, none)	I, A
1-C: Interpretation/Transliteration for the Deaf and Hard of Hearing (Prior Code: IV-D)	I, A
Tactile Presentation Accommodations	Conditions for Use In Instruction and Assessment
1-D: Braille (Prior Code: III-B)	I, A
1-E: Tactile Graphics (Prior Code: N/A, none) NOTE: For purposes of State assessments, any tactile graphics needed are included with the Braille version of the test.	I, A
Auditory Presentation Accommodations	Conditions for Use In Instruction and Assessment
1-F: Human Reader, Audio Tape, or Compact Disk Recording for Verbatim Reading of Entire Test (Prior Codes: IV-F, IV-H)	I, A*
1-G: Human Reader, Audio Tape, or Compact Disk Recording for Verbatim Reading of Selected Sections of Test (Prior Codes: IV-G, IV-I)	I, A*
1-H: Audio Amplification Devices (Prior Code: IV-D)	I, A
1-J: Books on Tape (Prior Code: III-C)	I, N/A
1-K: Recorded Books (Prior Code: III-C)	I, N/A
Multi-Sensory Presentation Accommodations	Conditions for Use In Instruction and Assessment
1-L: Video Tape and Descriptive Video (Prior Code: N/A, none) NOTE: No Maryland assessments currently incorporate video-taped stimulus materials. However, if video tape is used, students must have access to closed captioning on video materials, as appropriate.	I, N/A
1-M: Screen Reader for Verbatim Reading of Entire Test (Prior Codes: IV-F, IV-H)	I, A*
1-N: Screen Reader for Verbatim Reading of Selected Sections of Test (Prior Codes: IV-G, IV-I)	I, A*
1-0: Visual Cues (Prior Code: N/A)	I, A
1-P: Notes, Outlines, and Instructions (Prior Code: N/A, none)	I, N/A
1-Q: Talking Materials (Prior Code: III-C)	I, A
Other Presentation Accommodations	Conditions for Use In Instruction and Assessment
1-R: Other (Prior Code: IV-J)	Determined on a case-by-case basis in consultation with MSDE
* Use of the verbatim reading accommodation is permitted on all assessments as a standard accommoda. Any screen reader may be used for instruction	but the only screen reader currently supported by the State

^{*} Use of the verbatim reading accommodation is permitted on all assessments as a standard accommodation, with the exception of:

(1) the Maryland School Assessment (MSA) in reading, grade 3 only, which assess a student's ability to decode printed language. Students in grade 3 receiving this accommodation on the assessment will receive a score based on standards 2 and 3 (comprehension of informational and literary reading material) but will not receive a score for standard 1, general reading processes.

Any screen reader may be used for instruction, but the only screen reader currently supported by the State for assessment is the Kurzweil™ 3000. In order for students to use the Kurzweil™ 3000 screen reader for testing, students must have used a screen reader in instruction and have had an opportunity to become familiar with the operation of the Kurzweil™ 3000 interface. Although a Human reader is always permissible to deliver a verbatim reading accommodation, the State encourages the use of screen readers on State testing, to promote standardization of the verbatim reading accommodation.

(2) The Maryland Functional Reading Test.

Discussion to support decision:

III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS

IEP Team Meeting Date: Name: Agency:

INSTRUCTIONAL AND TESTING ACCOMMODATIONS

2. RESPONSE ACCOMMODATIONS: ('1' covers all instruction/intervention including Bridge Plan)

Response Accommodations	Conditions for Use In Instruction and Assessment
2-A: Scribe (Prior Codes: V-B, V-E)	I, A
2-B: Speech-to-Text (Prior Codes: III-D, III-E)	I, A
2-C: Large-Print Response Book (Prior Code: III-A)	I, A
2-D: Brailler (Prior Code: III-B)	I, A
2-E: Electronic Note-Takers and Word Processors (Prior Code: N/A, none)	I, A
2-F: Tape Recorder (Prior Code: V-C)	I, A
2-G: Respond on Test Booklet (Prior Code: V-A)	I, A
2-H: Monitor Test Response (Prior Code: V-D)	I, A
Materials or Devices Used to Solve or Organize Responses	Conditions for Use In Instruction and Assessment
2-J: Calculation Devices (Prior Code: III-C)	I, A
2-K: Spelling and Grammar Devices (Prior Code: III-D)	I, A*
2-L: Visual Organizers (Prior Code: N/A, none)	I, A**
2-M: Graphic Organizers (Prior Code: N/A, none)	I, A
2-N: Bilingual Dictionaries (Prior Code: III-F)	I, A
Other Response Accommodations	Conditions for Use In Instruction and Assessment
2-O: Other (Prior Code: V-J)	Determined on a case-by-case basis in consultation with MSDE

- Spelling and grammar devices are not permitted to be used on the English High School Assessment.
- ** Photocopying of secure test materials requires approval and must be done under the supervision of the Local Accountability Coordinator (LAC). Photocopied materials must be securely destroyed under the supervision of the LAC. Use of highlighters may be limited on certain machine-scored test forms, as highlighting may obscure test responses. Check with the LAC before allowing the use of highlighters on any State assessment.

Discussion to support decision:		
• •		

III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS

Name:	Agency:	IEP Team Meeting Date: / /
INSTRUCTIONAL AND TESTING A	CCOMMODATIONS	
	TIONS: ('1' covers all instruction/intervention including Bridge Plan)	
	HONS. (1 covers att instruction/intervention including bridge Ftail)	Confidence Control to Lord and Control Assessment
Timing and Scheduling Accommodations		Conditions for Use In Instruction and Assessment
3-A: Extended Time (Prior Code: I-C)		I, A
3-B: Multiple or Frequent Breaks (Prior C		I, A
	cies — Extend Over Multiple Days (Prior Code: I-B)	I, A
3-D: Change Schedule or Order of Activit		I, A
Other Timing and Scheduling Accommoda	ations	Conditions for Use In Instruction and Assessment
3-E: Other (Prior Code: I-E)		Determined on a case-by-case basis in consultation with MSDE
4. SETTING ACCOMMODATIONS: ('I' covers al	l instruction/intervention including Bridge Plan)	
Setting Accommodations		Conditions for Use In Instruction and Assessment
4-A: Reduce Distractions to the Student	(Prior Codes: II-A, II-B, II-E, II-F)	I, A
4-B: Reduce Distractions to Other Studer	nts (Prior Code: II-G)	I, A
4-C: Change Location to Increase Physica (Prior Codes: II-C, II-D)	al Access or to Use Special Equipment — Within School Building	I, A
4-D: Change Location to Increase Physica	al Access or to Use Special Equipment — Outside School Building (Prior Code: II-I)	I, A
Other Setting Accommodations		Conditions for Use In Instruction and Assessment
4-E: Other (Prior Code: I-E)		Determined on a case-by-case basis in consultation with MSDE
Discussion to support decision:		
	ions were considered and no instructional and testing accommodations are required at	this time.

III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS

Name: IEP Team Meeting Date: Agency: SUPPLEMENTARY AIDS, SERVICES, PROGRAM MODIFICATIONS AND SUPPORTS Service Nature (Indirect) Service Description Begin Date **End Date** Provider(s) \bigcirc = Primary, \bigcirc = Other MM.DD.YYYY MM.DD.YYYY Anticipated Frequency O Classroom Instruction Rehabilitative Counseling P Orientation & Mobility Specialist P Audiologist Physical Education Orientation and Mobility P Speech/Language Pathologist P O Psychologist O Daily P Teacher of the Hearing Impaired **Training Service** P O IEP Team Speech/Language Therapy ○ Weekly O Interpreting Services Duration Travel Training P Teacher of the Visually Impaired ♠ O Interpreter ○ Monthly O Speech/Language Therapy weeks Audiological Services P Occupational Therapist P O Instructional Assistant ○ Yearly as a Related Service O Psychological Services P O Pupil Personnel Worker P Physical Therapist Only once Assistive Technology Services Occupational Therapy P Physical Education Tchr P \ Home-Based Teacher Periodically Career and Technology O Physical Therapy P Rehabilitation Services Staff P Guidance Counselor ○ Ouarterly Education Program Recreation (P) () General Education Tchr P School Social Worker O Semi-annually w/Support Services C Early Identification & P Career & Technology Tchr P Recreational Therapist O Vocational Evaluation ○ Other Assessment P O Department of Social Services (DSS) (P) Certified Occupational O Special Education Program Therapy Assistant Counseling Services P Mental Hygiene Administration (MHA) w/Pre-Vocation Objectives Division of Pehabilitation Services (DORS)

P Melital rygiene Administration (DDA)

Physical Therapy
Assistant Medical Services Other Aid, Program (Diagnostic and Evaluation) P O Division of Rehabilitation Services (DORS) Modification or Support School Health Services P Other Agency P O Speech/Language O Social Work Services P O Special Education Classroom Teacher Assistant Parent Counseling Other Service Provider and Training Other Therapies _____ Clarify the location and manner in which Supplementary Aids, Services, Program Modifications and Supports to or, on behalf of, the student will be provided: Discussion to support decisions: ______ O Supplementary Aids, Services, Program Modifications and Supports were considered and none are required at this time. Discussion to support decision(s):

Name:

III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS

IEP Team Meeting Date:

Agency:

EXTENDED SCHOOL YEAR (ESY)
The IEP Team should determine if any of the factors below will significantly jeopardize the student's ability to receive some benefit from the student's educational program during the regular school year, if the student does not receive ESY services. ESY services are the individualized extension of specific special education and related services that are provided beyond the normal school year of the public agency, in accordance with the IEP, at no cost to the parents.
○ ESY Decision Deferred
When considering ESY, answer YES or NO and document the decision:
1. Does the student's IEP include annual goals related to critical life skills? \bigcirc YES \bigcirc NO
Discussion to support decision:
1a. Is there a likely chance of substantial regression of critical life skills caused by the normal school break and a failure to recover those lost skills in a reasonable time? NO
Discussion to support decision:
1b. Is the student demonstrating a degree of progress toward mastery of IEP goals related to critical life skills? YES NO Discussion to support decision:
2. Is there a presence of emerging skills or breakthrough opportunities? YES NO Discussion to support decision:
3. Are there significant interfering behaviors? YES NO
Discussion to support decision:
4. Does the nature and severity of the disability warrant ESY? YES NO
Discussion to support decision:
5. Are there other special circumstances that require ESY? OYES ONO
Discussion to support decision:
After considering all of the above questions, will the benefits that the student receives from his/her educational program during the regular school year be significantly jeopardized in the student is not provided ESY? YES, student is eligible for ESY service. NO, student is not eligible for ESY service.
Document basis for decision(s):

Name:

III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS

IEP Team Meeting Date:

Agency:

TRANSITION (To be completed annually, beginning at age 14 or younger, if determined	d appropriate.)
STUDENT PREFERENCES AND INTERESTS: The postsecondary goal(s) are to be based on the student's interests, preferences and age appropriate to the student's interests.	priate transition assessments.
Date of Student Interview: • • • (MM•DD•YYYY)	
Discussion of student's interests, preferences and age appropriate transition assessments:	
POSTSECONDARY GOALS (Outcomes): Postsecondary goal(s) are to be recorded here. At least one goal must be indicated for training ar	nd/or education.
Employment (required):	
Training:	
Education:	
Independent Living (if appropriate):	
COURSE OF STUDY:	
The course of study is to support the stated postsecondary goal(s) Arts, Media & Communication Education, Training & Child Services Engineering, Scientific Research & Manufacturing Technology Law, Government, Public Safety & Administration Business Management & Fin Health, Bioscience, & Medic Environmental, Agricultural	tine
Student is enrolled in the following Functional and Skill Development Activities: O Job Sampling & Employment training O Supported Employment	○ Activities of Daily Living
PROJECTED CATEGORY OF EXIT: The student will exit with: Maryland High School Diploma with 2 credits of Foreign Language with 2 credits of Advanced Technology with 4 credits of Career and Technology Program Certificate of Program Completion at the end of the school year to Certificate of Program Completion prior to the end of the school year to Certificate of Program Completion prior to the end of the school year to Certificate of Program Completion prior to the end of the school year to Certificate of Program Completion prior to the end of the school year to Certificate of Program Completion prior to the end of the school year to Certificate of Program Completion prior to the end of the school year to Certificate of Program Completion prior to the end of the school year to Certificate of Program Completion prior to the end of the school year to Certificate of Program Completion prior to the end of the school year to Certificate of Program Completion prior to the end of the school year to Certificate of Program Completion prior to the end of the school year to Certificate of Program Completion prior to the end of the school year to Certificate of Program Completion prior to the end of the school year to Certificate of Program Completion prior to the end of the school year to Certificate of Program Completion prior to the end of the school year to Certificate of Program Completion prior to the end of the School year to Certificate Of Program Completion prior to the end of the School year to Certificate Of Program Completion	
PROJECTED DATE OF EXIT: The student is participating in a year program and is projected to exit/graduate school (month, day, year) Have the student and parents been informed that rights under IDEA do not transfer to students with disabilities on reaching age of majority, except under limited circumstances, as described in Education Article §8-412.1, Annotated Code of Maryland? \(\rightarrow Yes \(\rightarrow N/A	AGENCY LINKAGE: The student has been referred to the appropriate agency for transition and/or postsecondary services: DORS (Department of Rehabilitative Services) DDA (Developmental Disabilities Agency) MHA (Mental Hygiene Administration)
Document basis for decision(s):	

Responsible Party: _____

Transportation: _____

Name:

III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS

IEP Team Meeting Date:

Agency:

TRANSITION ACTIVITIES TRANSITION SERVICES/ACTIVITIES: Transition services are a coordinated set of activities for a student with a disability that is designed within a results oriented process that will facilitate the student's movement from school to postsecondary activities. Academic: _____ Responsible Party: Employment Training: _____ Responsible Party: Activities of Daily Living: _____ Responsible Party: Independent Living:

Responsible Party:

III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF SPECIAL EDUCATION/EARLY INTERVENTION SERVICES (Form approved by MSDE for use July 1, 2009)

IEP Team Meeting Date: Name: Agency: Services you anticipate a student 14 years and older will need within one year of exiting the agency. ANTICIPATED SERVICES FOR TRANSITION The adult services recommended on this page are those anticipated and not entitlement services. **General Services** Developmental Disabilities Administration (DDA) O Day Habilitation O No Services Needed: upon exiting from the educational system. O Public income maintenance: Social Security Income (SSI), Social Security O Community Residential Services Disability Income (SSDI), welfare, Medicaid, public health insurance, etc. Supported Employment O Transportation: specialized transportation including paratransit. Family and Individual Support Services Behavior/Support Services Community Supported Living Arrangements (CSLA) Further Education/Training Mental Hygiene Administration (MHA) O Continuing and Adult Education: including Adult Basic Ed (ABE), General Mental Health Evaluation and Treatment Education Development (GED), adult high school diploma, and adult O Psychiatric Rehabilitation Programs O Residential Rehabilitation Programs compensatory or special education. Supported Employment Higher Education Support Services: note takers, educational technology, modified testing time, mentoring and guidance, study skills, and self advocacy training. Respite Care Career School Support Services: support services in programs such as career schools, Job Training Partnership Act programs (JTPA), and Job Corps. Division of Rehabilitation Services (DORS) Assessment and Evaluation Vocational Rehabilitation Counseling and Guidance O Job Search, Placement Assistance, and Follow Up Services Vocational and Other Training Services Rehabilitation Technology Services Support Services

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INDIVIDUALIZED EDUCATION PROGRAM (IEP) MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF SPECIAL EDUCATION/EARLY INTERVENTION SERVICES (Form approved by MSDE for use July 1, 2009)

How often? | WEEKLY | BI-WEEKLY | MONTHLY | INTERIM | QUARTERLY | END OF MARKING PERIOD | OTHER _______

IEP Team Meeting Date: Name: Agency: **GOAL** Goal: By: (MM•DD•YYYY) Evaluation Method: | INFORMAL PROCEDURES | CLASSROOM-BASED ASSESSMENT ☐ OBSERVATION RECORD ☐ STANDARDIZED ASSESSMENT □ PORTFOLIO ASSESSMENT □ OTHER With _____ \(\Box \) \(\text{Accuracy} \) □ % decrease \square ____ out of ____ trials □ other_____ □ % increase ESY goal? ○ YES ○ NO Objective 1: _____ Objective 3: Objective 2: Objective 4: **Progress** Toward Goal **Progress** O Making sufficient progress to meet goal Not making sufficient progress to meet the goal O Not yet introduced Report 1 (IEP team needs to meet to address insufficient progress) Date Description: **Progress** O Making sufficient progress to meet goal Not making sufficient progress to meet the goal O Not yet introduced Report 2 (IEP team needs to meet to address insufficient progress) Date Description: _____ **Progress** Making sufficient progress to meet goal Not making sufficient progress to meet the goal O Not yet introduced Report 3 (IEP team needs to meet to address insufficient progress) Date__ Description: **Progress** Making sufficient progress to meet goal Not making sufficient progress to meet the goal O Not yet introduced Report 4 (IEP team needs to meet to address insufficient progress) Date Description: _____ **Progress** Progress Code: O Achieved Making sufficient progress to meet goal O Not making sufficient progress to meet the goal O Not yet introduced Report 5 (IEP team needs to meet to address insufficient progress) Date Description: _____ How will the parent be notified of the student's progress toward the IEP goals?

Name: Agency: IEP Team Meeting Date:

SERVICES									
○ SPECIAL EDUCATION SERVICES									
Service Nature	Location		Service Descripti	on	Begin Date	End Date	Provider(s) P() = Primary, () = Other		Summary of Service
Classroom Instruction (Identifying the number of sessions for Classroom Instruction is optional) Physical Education Speech/Language Therapy Travel Training	○ In General Education ○ Outside General Education	Number of Sessions 1 2 3 4 5 6 Other	Length of Time (Select the length of time, in 15 minute increments, that the service is provided during each session) 15 Min. 30 Min. 45 Min. 1 Hr. 1 Hr. 15 Min. 1 Hr. 30 Min. 2 Hrs. 3 Hrs. Other	Frequency Daily Weekly Monthly Yearly Only once Quarterly Semi- annually	MM•DD YYYY	MM•DD YYYY Durationweeks	P ○ Orientation & Mobility Specialist P ○ Speech/Language Pathologist P ○ Teacher of the Hearing Impaired P ○ Teacher of the Visually Impaired P ○ Occupational Therapist P ○ Pupil Personnel Worker P ○ Physical Education Tchr P ○ Rehabilitation Services Staff P ○ General Education Tchr P ○ Career & Technology Tchr P ○ Department of Social Services (DSS) P ○ Mental Hygiene Administration (MHA) P ○ Developmental Disabilities Administration (DDA) P ○ Division of Rehabilitation Services (DORS) P ○ Other Agency P ○ Special Education Classroom Teacher P ○ Other Service Provider	P Audiologist P Psychologist P Psychologist P IEP Team P Interpreter P Instructional Assistant P Physical Therapist P Guidance Counselor P School Social Worker P Recreational Therapist P Certified Occupational Therapy Assistant P Physical Therapy Assistant P Speech/Language Assistant	Total service time: weekly monthly yearly Hrs.
ESY Service Nature	ESY Location		ESY Service Descrip	otion	ESY Begin Date	ESY End Date	ESY Provider(s) $\mathbb{R} \bigcirc = \text{Primary}, \bigcirc = \text{Other}$		Summary of Service
Classroom Instruction (Identifying the number of sessions for Classroom Instruction is optional) Physical Education Speech/Language Therapy Travel Training	○ In General Education ○ Outside General Education	Number of Sessions 1 2 3 4 5 6 Other	Length of Time (Select the length of time, in 15 minute increments, that the service is provided during each session) 15 Min. 30 Min. 45 Min. 1 Hr. 1 Hr. 15 Min. 2 Hrs. 3 Hrs. Other	Frequency Daily Weekly Monthly Yearly Only once Quarterly Semiannually	MM•DD YYYY	MM•DD YYYY Durationweeks	P ○ Orientation & Mobility Specialist P ○ Speech/Language Pathologist P ○ Teacher of the Hearing Impaired P ○ Teacher of the Visually Impaired P ○ Occupational Therapist P ○ Pupil Personnel Worker P ○ Physical Education Tchr P ○ Rehabilitation Services Staff P ○ General Education Tchr P ○ Career & Technology Tchr P ○ Department of Social Services (DSS) P ○ Mental Hygiene Administration (MHA) P ○ Developmental Disabilities Administration (DDA) P ○ Division of Rehabilitation Services (DORS) P ○ Other Agency P ○ Special Education Classroom Teacher P ○ Other Service Provider	P Audiologist P Psychologist P Psychologist P IEP Team P Interpreter P Instructional Assistant P Physical Therapist P Guidance Counselor P School Social Worker P Recreational Therapist P Certified Occupational Therapy Assistant P Physical Therapy Assistant P Speech/Language Assistant	Total service time: weekly monthly yearly Hrs. Min.
Discussion of service(s) de	livery:								-

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INDIVIDUALIZED EDUCATION PROGRAM (IEP)

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF SPECIAL EDUCATION/EARLY INTERVENTION SERVICES (Form approved by MSDE for use July 1, 2009)

IEP Team Meeting Date: Name: Agency: **SERVICES** ○ RELATED SERVICES Service Nature Location Service Description **End Date** Provider(s) Summary Begin of Date \bigcirc = Primary, \bigcirc = Other Service Total Number Length of Time Frequency MM • DD MM • DD P Audiologist O Audiological Services O In General P Orientation & Mobility Specialist service of P Psychologist O Psychological Services Education P Speech/Language Pathologist YYYY YYYY (Select the ○ Dailv time: Occupational Therapy Outside Sessions P C Teacher of the Hearing Impaired P C IEP Team length of time. ○ Weekly weekly O Physical Therapy General \bigcirc 1 P C Teacher of the Visually Impaired (P) () Interpreter in 15 minute Monthly monthly (P) Occupational Therapist Recreation (P) () Instructional Assistant Education Duration **O** 2 increments, that O yearly C Early Identification & Assessment weeks P O Pupil Personnel Worker P Physical Therapist \bigcirc 3 the service is Only once P Physical Education Tchr P O Home-Based Teacher O Counseling Services **O**4 provided during Hrs. Quarterly (P) () Rehabilitation Services Staff (P) () Guidance Counselor O School Health Services $\widecheck{\bigcirc}$ 5 each session) O Semi-P General Education Tchr P C School Social Worker Min. O Social Work Services \bigcirc 6 annually ○ 15 Min. P Career & Technology Tchr P C Recreational Therapist O Parent Counseling & Training Other ○ 30 Min. P O Department of Social Services (DSS) P Certified Occupational Rehabilitative Counseling Therapy Assistant P Mental Hygiene Administration (MHA) Orientation & Mobility ∩ 1 Hr. **Training Services** P O Developmental Disabilities Administration (DDA) P O Physical Therapy 1 Hr. 15 Min. Assistive Technology Services (P) () Division of Rehabilitation Services (DORS) Assistant 1 Hr. 30 Min. Medical Services P Other Agency____ P Speech/Language (Diagnostic & Evaluation) O 2 Hrs. P Special Education Classroom Teacher Assistant Other Therapies _ ○ 3 Hrs. (P) () Other Service Provider_ Interpreting Services Other O Speech/Language Therapy ESY Provider(s) **ESY Service Nature ESY Location ESY Service Description ESY** ESY End Summary of P = Primary, = Other Service Begin Date Date MM.DD Total Length of Time Frequency MM • DD O In General Number P Audiologist Audiological Services P Orientation & Mobility Specialist service of Ses-Education P O Psychologist O Psychological Services P Speech/Language Pathologist (Select the O Daily YYYY YYYY time: sions P Teacher of the Hearing Impaired P IEP Team Outside Occupational Therapy length of time, ○ Weekly weekly O Physical Therapy General P Teacher of the Visually Impaired (P) () Interpreter $\bigcirc 1$ in 15 minute ○ Monthly ○ monthly Occupational Therapist Recreation Education P O Instructional Assistant Duration $\bigcirc 2$ increments, that ○ Yearly O yearly C Early Identification & Assessment weeks P O Pupil Personnel Worker P Physical Therapist \bigcirc 3 the service is Only once P Physical Education Tchr P C Home-Based Teacher O Counseling Services Ŏ4 provided during Hrs. O Quarterly (P) (Rehabilitation Services Staff P Guidance Counselor School Health Services $\tilde{\bigcirc}$ 5 each session) O Semi-(P) O General Education Tchr O Social Work Services P School Social Worker Min. $\bigcirc 6$ annually ○ 15 Min. (P) Career & Technology Tchr (P) () Recreational Therapist O Parent Counseling & Training Other ○ 30 Min. O Rehabilitative Counseling P O Department of Social Services (DSS) P Certified Occupational Duration Orientation & Mobility Therapy Assistant P Mental Hygiene Administration (MHA) weeks ○ 1 Hr. Training Services P O Developmental Disabilities Administration (DDA) P O Physical Therapy Assistive Technology Services 1 Hr. 15 Min. P O Division of Rehabilitation Services (DORS) Assistant Medical Services ○ 1 Hr. 30 Min. P Other Agency___ P O Speech/Language (Diagnostic & Evaluation) ○ 2 Hrs. P Special Education Classroom Teacher Assistant Other Therapies _ ○ 3 Hrs. P Other Service Provider Interpreting Services Other Speech/Language Therapy Discussion of service(s) delivery:_

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF SPECIAL EDUCATION/EARLY INTERVENTION SERVICES (Form approved by MSDE for use July 1, 2009)

IEP Team Meeting Date: Name: Agency: **SERVICES** ○ CAREER AND TECHNOLOGY EDUCATION SERVICES Service Nature **End Date** Provider(s) Summary Location Service Description Begin $P \bigcirc = Primary, \bigcirc = Other$ Date Service Length of Time Frequency MM•DD MM•DD Total Number P Audiologist Career and Technology O In General P Orientation & Mobility Specialist service YYYY YYYY of P O Speech/Language Pathologist Psychologist **Education Program** Education (Select the O Daily time: Sessions P C Teacher of the Hearing Impaired P O IEP Team w/Support Services Outside ○ Weekly length of time. O weekly O Vocational Evaluation (P) (Teacher of the Visually Impaired (P) () Interpreter General \bigcirc 1 in 15 minute ○ Monthly monthly Duration P Occupational Therapist
P Pupil Personnel Worker P O Instructional Assistant Special Education Education \bigcirc 2 increments, that O yearly weeks Program with (P) () Physical Therapist \bigcirc 3 the service is Only once Physical Education Tchr **Pre-Vocation Objectives** P Home-Based Teacher **Ó**4 provided during Hrs. Quarterly (P) (Rehabilitation Services Staff P C Guidance Counselor **O** 5 each session) O Semi-(P) (General Education Tchr P School Social Worker Min. \bigcirc 6 annually ∩ 15 Min. P Career & Technology Tchr P Recreational Therapist Other ○ 30 Min. P O Department of Social Services (DSS) P Certified Occupational Therapy Assistant P Mental Hygiene Administration (MHA) ○ 1 Hr. P O Developmental Disabilities Administration (DDA) P O Physical Therapy ∩ 1 Hr. 15 Min. Assistant P O Division of Rehabilitation Services (DORS) ∩ 1 Hr. 30 Min. P Other Agency_ $\textcircled{P} \bigcirc \mathsf{Speech/Language}$ ○ 2 Hrs. (P) (Special Education Classroom Teacher Assistant ○ 3 Hrs. P Other Service Provider_ Other **ESY Service Nature ESY Location ESY Service Description ESY** ESY End ESY Provider(s) Summary Begin Date $P \bigcirc = Primary, \bigcirc = Other$ of Service Date Total Length of Time Frequency MM • DD MM • DD Number O Career and Technology O In General P Orientation & Mobility Specialist P Audiologist service YYYY YYYY **Education Program** Education οf P Speech/Language Pathologist P O Psychologist ○ Dailv (Select the time: w/Support Services Outside Sessions P C Teacher of the Hearing Impaired P () IEP Team length of time, ○ Weekly ○ weekly P C Teacher of the Visually Impaired O Vocational Evaluation (P) () Interpreter General $\bigcirc 1$ in 15 minute ○ Monthly omonthly monthly Duration P Occupational Therapist
P Pupil Personnel Worker O Special Education (P) () Instructional Assistant Education increments, that \bigcirc 2 ○ Yearly O yearly weeks P O Physical Therapist Program with \bigcirc 3 the service is Only once P O Physical Education Tchr P C Home-Based Teacher **Pre-Vocation Objectives** $\bigcirc 4$ provided during Hrs. O Quarterly (P) (Rehabilitation Services Staff (P) () Guidance Counselor \bigcirc 5 each session) O Semi-(P) General Education Tchr P C School Social Worker Min. $\bigcirc 6$ annually ○ 15 Min. P Career & Technology Tchr P Recreational Therapist Other ○ 30 Min. (P) Certified Occupational P O Department of Social Services (DSS) (P) (Mental Hygiene Administration (MHA) Therapy Assistant ○ 1 Hr. P O Developmental Disabilities Administration (DDA) P O Physical Therapy 1 Hr. 15 Min. P O Division of Rehabilitation Services (DORS) Assistant 1 Hr. 30 Min. P Other Agency_ (P) () Speech/Language ○ 2 Hrs. P Special Education Classroom Teacher Assistant ○ 3 Hrs. (P) Other Service Provider_ Other Discussion of service(s) delivery:

IEP Team Meeting Date: Name: Agency:

LEAST RESTRICTIVE ENVIRONMENT (LRE) DECISION MAKING & PLACEMENT SUMMARY A student with a disability is not removed from general education in an age-appropriate instructional setting solely because of needed modifications to the general curriculum.					
What placement option(s) did the IEP team consider?					
If removed from the general education environment, explain reasons why services cannot be provided in the general education environment with the use of supplementary aids and services:					
Document basis for decision(s):					
Total time in school week:hrsminutes/wee	ek	hrsminutes/wee	$\left\{ \cdot \right\} = \left\{ \begin{array}{l} \text{Total time in} \\ \text{General Education:} \end{array} \right.$	hrsminutes/week }	
Special education placement (ages 3-5): Average %/day	☐ IN REGULAR EARLY CHILDHOOD SETTING (at le IN REGULAR EARLY CHILDHOOD SETTING (40%☐ IN REGULAR EARLY CHILDHOOD SETTING (less☐ SEPARATE CLASS	- 79%)	☐ PUBLIC SEPARATE DAY SCHOOL ☐ PRIVATE SEPARATE DAY SCHOOL ☐ PUBLIC RESIDENTIAL FACILITY ☐ PRIVATE RESIDENTIAL FACILITY	☐ HOME ☐ SERVICE PROVIDER LOCATION	
Special education placement (ages 6-21): Average %/day	☐ INSIDE GENERAL EDUCATION (80% or more) ☐ INSIDE GENERAL EDUCATION (40% - 79%) ☐ INSIDE GENERAL EDUCATION (less than 40%)	 □ PUBLIC SEPARATE DAY SCHO □ PRIVATE SEPARATE DAY SCHO □ PUBLIC RESIDENTIAL FACILIT 	OL □ HOMEBOUND/HOSPITAL	☐ PARENTALLY PLACED IN PRIVATE SCHOOL	
In selecting the LRE, are there any potential harmful effects on the student or quality of services he or she needs? YES NO					
If yes, document basis for decision(s):					
Are the services <i>in</i> the student's home school (the school the student would attend if not disabled)? O YES ONO If no, document basis for decision(s):					
If no, is placement as <i>close as possible to</i> the student's home? OYES ONO If no, document basis for decision(s):					
Is special transportation needed? O YES O NO If Yes, list all specialized equipment, if needed:					
Are personnel needed to assist the student during transportation? O YES O NO If yes, explain:					
Document basis for decision(s) (including consideration of the amount of time and distance involved in travel):					
Provide an explanation to the extent, if any, the student will not participate with non-disabled peers in academic, non-academic, and extracurricular activities?					
SSIS Residence County					
SSIS Service County	SS	IS Service School			

CHILD COUNT ELIGIBILITY CODES

- □ (1) Eligible student with a disability served in a public school or placed in a nonpublic school by the public agency to receive FAPE.
- (2) Eligible parentally placed private school student with a disability receiving special education and/or related service through a service plan from the public agency.
- □ (3) Eligible parentally placed private school student with a disability NOT receiving service from the public agency.
- □ (4) Eligible public school student with a disability not receiving services due to parent refusal of initial services.

MARIEAND STATE DEFARMENT OF EDUCATION (MSDE	,				
Name:	Agency:	IEP Team Meeting Date: / /			
AUTHORIZATION(S)					
CONSENT FOR INITIATION OF SERVICES (initia	al IEP only)				
I have received a copy of the Evaluation Report i	informing me in writing of the reasons for this action.				
The special education and related services will b	be provided as described in the IEP. I understand that the IEP will	be reviewed periodically but not less than annually.			
I understand that records will not be released wi release of educational records to a public school		of the Family Education Rights and Privacy Act (FERPA). This law allows the			
education services after my child is initially prov	nat I may revoke consent at any time. Should I revoke consent it is rided special education and related services, the public agency is lated services because of my revocation and consent.	s not retroactive. If I revoke consent, in writing, for my child to receive special not required to amend my child's education records to remove any references			
I understand that the public agency will submit i appropriate, to enable funding of programs and	nformation that will be used for the special services information s to assure my child's rights to any needed assessment.	system. This system will be used by the MSDE and other State Agencies, as			
I have been informed of the determination(s) of	the IEP team in my native language or other mode of communicat	tion.			
I have been informed of my rights, as explained in the Procedural Safeguards - Parental Rights document, I have received.					
I consent to the initiation of special education and related services for my child, as specified in my child's IEP.					
Parent Signature:	Date:				
					
MEDICAL ASSISTANCE (MA)					
Is the student eligible for MA? Yes	O No MA Number				
I agree to Service Coordination for Children wi	th Disabilities and that the Service Coordinator(s) identified or	n this IEP may be appointed as MA Service Coordinator(s). (COMAR 10.09.52)			
I understand that I am free to choose an MA Se	ervice Coordinator for my child. At this time, I accept the foll	lowing Service Coordinator(s).			
MA Service Coordinator Name:					
MA Service Coordinator Name:					
I understand that if I wish to change the MA Se	ervice Coordinator in the future, I can call the school to make	a change.			
I understand that the purpose of this service is to assist in gaining access to needed medical, social, educational, and other services.					
I give permission to the provider agency to real IEP goals.	cover costs from Medicaid for service coordination, as well as	health-related services, related to the implementation of my child's			
I understand that if I refuse to allow the provi provided to my child at no cost to parent.	der agency access to MA funds, it does not relieve the provide	er agency of its responsibility to ensure that all required services are			
I understand that this service does not restric management service under MA if he/she quali		ts. I also understand that my child may not receive a similar type of case			
	it information that will be used for the special services inform f programs and to assure my child's rights to any needed asses	nation system. This system will be used by the MSDE and other State ssment.			
Parent Signature:	Date:				
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